SARS: Protecting Workers

OSHA Occupational Safety and Health Administration

OSHA Guidance for Employers on Severe Acute Respiratory Syndrome (SARS)

- Potentially deadly respiratory disease
- Coronavirus—leading suspected causative agent
- Most U.S. cases contracted by those who've traveled to ASIA, more recently also Toronto
- Spread primarily by close person-to-person contact
- Healthcare workers face greatest risk of workplace transmission

SARS: Possible Symptoms

- Chills
- Muscle aches
- Dry cough
- Dizziness

Suspect Cases of SARS

- Fever of at least 100.4 degrees F
- Respiratory illness—cough, shortness of breath, difficulty breathing
- Onset within 10 days foreign travel or close contact with someone with SARS

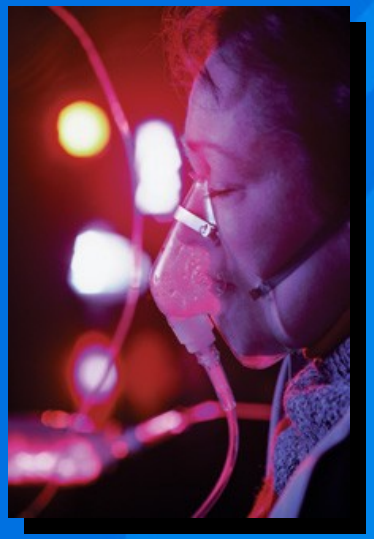
SARS: Clinical Evidence

- Incubation period: 2-7 days, maybe up to 14 days
- Decreased white blood cell count
- Below normal blood platelet count
- Liver enzyme increase
- Electrolyte disturbances

SARS: Potential High Risk Population

- Age 40 or older; especially those over 65
- Have other medical conditions (heart/liver disease)
- Hospital worker or family member of victim
- Liver enzyme increase

SARS: Transmission



- Spread through airborne droplets released when infected person coughs or sneezes
- Or through contact with body fluids
- Not likely to be transmitted in offices or on public transportation

SARS: Treatment

- Antibiotics inappropriate since SARS is viral rather than bacterial
- Steroids may help
- 80-90% get better in a week
- 10-20% get worse, may need mechanical ventilators to breathe
- Death rate estimated at 15%; higher for those over 60

SARS: Precautions for Workplaces

Centers for Disease Control documents provide most up-to-date information at www.cdc.gov/ncidod/sars

See also the World Health Organization SARS webpage at www.who.int/csr/sars/en/

SARS: OSHA Recommendations

See OSHA suggested practices at

www.osha.gov/dep/sars/index.html

Precautions for Healthcare Facilities

- Standard precautions
- PPE: gowns, gloves, N95 respirators, eye protection
- Appropriate ventilation
- Isolation rooms for suspected SARS cases
- Low or Intermediate level disinfectants

Precautions for Laboratories

- **PPE: disposable gloves, gowns, eye protection and respiratory protection—N95, N100 or PAPRS with HEPA filters**
- **Manipulation/testing of specimens—certified biological safety cabinet**
- **Low or intermediate level disinfectants**

Precautions for Airline Flight Crews/Airport Personnel

- PPE not recommended by CDC for airline crews
- Airline cleaning crews, INS, TSA workers should wear gloves
- All workers should use good hygiene practices including frequent hand washing

Precautions for Airplane Cleaning Crews

- Wear disposable gloves
- Do not use compressed air for cleaning
- Discard gloves after cleaning
- Use soap and water to wash hands after cleaning
- If soap and water are not available, use alcohol-based hand wash
- Wipe down frequently touched surfaces in the passenger cabin with low or intermediate level disinfectant

Precautions for Air Medical Transport of SARS Patients

- Use respiratory protection (N95)
- Wear protective clothing if there is potential for exposure to blood or body fluids
- Follow standard hygiene practices

Precautions for Handling Human Remains of SARS Patients

- Use N95 or higher respirators
- Wear surgical scrub suit, surgical cap, gown or apron, eye protection, shoe covers, double gloves
- Use good hygiene practices

Employee Training

- All employees with potential exposure should receive training
- Training should cover hazards and protocols at worksite to reduce exposures and isolate and report SARS cases
- Workers who experience SARS symptoms should be excluded from duty

CDC Suggestions for Family Members Caring for SARS Patients at Home

- Detailed guidance for family members of SARS patients available from CDC: www.cdc.gov/ncidod/sars/factsheetcc.htm

Occupational Safety and Health Administration